

**IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA**

UNITED STATES OF AMERICA	:	CRIMINAL NO. 15-_____
v.	:	DATE FILED: February ____, 2015
JEFFREY BADO	:	VIOLATIONS:
	:	21 U.S.C. § 856 (maintaining a
	:	drug-involved premises - 2 counts)
	:	21 U.S.C. § 841(a)(1), (b)(1)(C)
	:	(distribution of controlled substances –
	:	200 counts)
	:	18 U.S.C. § 1347 (health care fraud - 33
	:	counts)
	:	18 U.S.C. § 1001 (false statements - 4
	:	counts)
	:	18 U.S.C. § 2 (aiding and abetting)
	:	Notice of forfeiture

INDICTMENT

COUNT ONE

THE GRAND JURY CHARGES THAT:

At all times material to this indictment:

BACKGROUND

1. Defendant JEFFREY BADO was a physician licensed by the Commonwealth of Pennsylvania and held a Pennsylvania medical license as well as a Drug Enforcement Administration ("DEA") registration number.
2. From approximately August 24, 2009, until approximately June 2011, defendant JEFFREY BADO maintained a medical practice located at 5735 Ridge Avenue, Philadelphia, Pennsylvania and on the grounds of Roxborough Hospital. Roxborough Hospital was a teaching hospital which worked in collaboration with Philadelphia College of Osteopathic

Medicine ("PCOM") to provide medical education to enrolled medical students and postdoctoral training to interns and residents.

3. During this same time, defendant JEFFREY BADO assisted with the medical training of doctors in training at Roxborough Hospital, referred to as "residents," who were graduates of PCOM, but who had limited authority under their state licenses. In his volunteer role as a "teaching physician," defendant BADO involved residents in the care of his patients.

4. In order to bill for services, a physician was required to have actually seen the patient and to have participated personally in the patient's care up to the level of service billed. Participation was defined as either personally performing the key portions of the service, directly supervising the service, or observing the resident perform the key components. If an attending physician was not physically present in the same room as the patient during the key portions of the service, or did not directly supervise the key portions of service, then that physician was not allowed to bill for services rendered to that patient.

5. In June 2011, defendant JEFFREY BADO was asked to vacate the office space rented to him by Roxborough Hospital. Upon being asked to leave that location, defendant BADO maintained a medical practice, located at 574B West Lancaster Avenue, Bryn Mawr, Pennsylvania, from approximately June 2011, to January 2013.

6. The Controlled Substances Act governs the manufacture, distribution, and dispensing of controlled substances in the United States. Under the Controlled Substances Act, there are five schedules of controlled substances – Schedules I, II, III, IV, and V. Controlled substances are scheduled into these levels based upon their potential for abuse, among other

things. For example, abuse of Schedule II controlled substances may lead to severe psychological or physical dependence.

7. Oxycodone is a narcotic analgesic that is similar to morphine and is classified as a Schedule II controlled substance, sometimes prescribed under the brand name Oxycontin. Oxycodone is used to treat severe pain, and, even if taken only in prescribed amounts, can cause physical and psychological dependence. Oxycodone is used in pain relief drugs in varying strengths, including 5, 10, 15, 30, 40, 60, and 80 milligram amounts. For example, Percocet is manufactured by numerous pharmaceutical companies under the following brand names: Endocet, Roxicet, Roxilox and Tylox. Percocet, which contains either five or ten milligrams of oxycodone, is used to treat moderate to moderately severe pain, and contains two drugs, oxycodone and acetaminophen. Even if taken only in prescribed amounts, pills containing amounts as low as 5 milligrams of oxycodone can cause physical and psychological dependence.

8. Such pills have a significant street value and sell for as much as a dollar per milligram on the illegal secondary market.

9. Users who abuse pills containing oxycodone frequently do so by smoking, chewing, dissolving, injecting, and crushing the pills and snorting the substance.

10. In August 2010, based on the potential for abuse of the pills containing larger proportions of oxycodone, Purdue Pharma, a large pharmaceutical manufacturer, changed the formulation of their Oxycontin pills containing 40 milligram and larger concentrations of oxycodone as an abuse deterrent. The formulation of the pills was altered to make the tablet more difficult to manipulate for misuse and abuse. In their efforts to reduce the ability of users to abuse these pills, Purdue Pharma changed the formulation to prevent the medication from being cut,

broken, chewed, dissolved, or crushed, methods that are typically used to circumvent the time-release action of the medication.

11. Title 21, United States Code, Section 841(a) (1), provides that “[e]xcept as authorized by this subchapter, it shall be unlawful for any person to knowingly or intentionally ... manufacture, distribute, or dispense, or possess with intent to manufacture, distribute or dispense, a controlled substance.”

12. Title 21, United States Code, Section 802(10), provides that the term “dispense” means to deliver a controlled substance to an ultimate user or research subject by, or pursuant to the lawful order of, a practitioner, including the prescribing and administering of a controlled substance and the packaging, labeling or compounding necessary to prepare the substance for delivery.

13. Title 21, United States Code, Section 821, provides that “[t]he Attorney General [of the United States] is authorized to promulgate rules and regulations relating to the registration and control of the manufacture, distribution and dispensing of controlled substances.”

14. The Attorney General of the United States has exercised his rulemaking authority regarding the dispensing of controlled substances through the promulgation of 21 Code of Federal Regulations § 1306.04, governing the issuance of prescriptions, which provides, among other things, that a prescription for a controlled substance to be effective must be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his professional practice. Moreover, an order purporting to be a prescription issued not in the usual course of professional treatment is not a prescription within the meaning and intent of section 309 of the Act [21 U.S.C. § 829] and the person issuing it as well as the person knowingly filling such

a purported prescription, shall be subject to the penalties provided for violations of the law relating to controlled substances.

15. The Pennsylvania Code of Professional and Vocational Standards, Title 49, Chapter 16.92, defines the authority of physicians licensed by the Commonwealth of Pennsylvania to prescribe or dispense controlled substances. Chapter 16.92 provides in pertinent part:

(a) A person licensed to practice medicine and surgery in this Commonwealth or otherwise licensed or regulated by the Board, when prescribing, administering or dispensing controlled substances, shall carry out, or cause to be carried out, the following minimum standards:

(1) Initial medical history and physical examination.... [B]efore commencing treatment that involves prescribing, administering or dispensing a controlled substance, an initial medical history shall be taken and an initial examination shall be conducted unless emergency circumstances justify otherwise. Alternatively, medical history and physical examination information recorded by another health care provider may be considered if the medical history was taken and the physical examination was conducted within the immediately preceding thirty days. The physical examination shall include an evaluation of the heart, lungs, blood pressure and body functions that relate to the patient's specific complaint.

(2) Reevaluations. Among the factors to be considered in determining the number and the frequency of follow-up evaluations that should be recommended to the patient are the condition diagnosed, the controlled substance involved, expected results and possible side effects. For chronic conditions, periodic follow-up evaluations shall be recommended to monitor the effectiveness of the controlled substance in achieving the intended results.

(3) Patient counseling. Appropriate counseling shall be given to the patient regarding the condition diagnosed and the controlled substance prescribed, administered or dispensed. Unless the patient is in an inpatient care setting, the patient shall be specifically counseled about dosage levels, instructions for use, frequency and duration of use and possible side effects.

(4) Medical Records. [C]ertain information shall be recorded in the patient's medical record on each occasion when a controlled substance is prescribed, administered or dispensed. This information shall include the name of the controlled substance, its strength, the quantity and the date it was prescribed, administered or dispensed to a patient. The medical record shall also include a specification of the symptoms observed and reported, the diagnosis of the condition

for which the controlled substance is being given and the directions given to the patient for the use of the controlled substance. If the same controlled substance continues to be prescribed, administered or dispensed, the medical record shall reflect changes in the symptoms observed and reported, in the diagnosis of the condition for which the controlled substance is being given and in the directions given to the patient.

16. Accordingly, as a physician, defendant JEFFREY BADO was authorized to dispense Schedule II controlled substances to patients he examined for legitimate medical purposes and in the usual course of professional practice.

17. With the assistance of defendant JEFFREY BADO's medical staff, who acted at his direction, patient-customers paid an "office visit" fee to obtain prescriptions for controlled substances from defendant BADO, who prescribed narcotics outside the usual course of professional practice and without there being a legitimate medical purpose for these controlled substances to be prescribed to the customers. Defendant BADO did not even see many of these customers at his office, nor did he directly supervise staff who defendant BADO had tasked to see these customers and distribute his prescriptions for controlled substances. Customers would often receive multiple prescriptions written by defendant BADO during a single visit to defendant BADO's office, with certain of the prescriptions containing a notation written by defendant BADO that the prescription was to be filled on a specific date in the future.

18. The patient-customers provided little or no recent medical records on their first visit to verify their claim of pain or prior history of prescribed opioid medications, or provided medical records that were not consistent with their claims of pain; nonetheless, at the first visit defendant JEFFREY BADO gave them a prescription for a large number of pills each containing a Schedule II narcotic. The customers of defendant BADO normally received only a cursory physical examination but little other medical care or treatment from defendant BADO before

receiving a prescription for controlled substances. Although many of the patient-customers had medical insurance, defendant BADO stopped accepting most medical insurance in or around 2010, requiring most patients thereafter to pay for visits with cash, credit card, or money orders only.

19. Defendant JEFFREY BADO's prescribing habits mirrored the needs of drug addicts and drug traffickers. He prescribed pills each containing 5 or 10 (usually 10) milligrams of oxycodone in the form of the narcotic oxycodone acetaminophen, as well as Oxycontin containing 80 or 40 milligrams of oxycodone. When the Oxycontin large dose oxycodone pills were reformulated, their street value decreased, and the street demand for 30 milligram oxycodone pills increased. Defendant BADO stopped prescribing almost all Oxycontin 80 and 40 milligram pills and, without adequate medical justification, switched his customers receiving those concentrations to 30 milligram pills. In response to customers requesting pills with specific concentrations of oxycodone, defendant BADO met those requests and prescribed those customers pills with their requested concentration of oxycodone. Defendant BADO sometimes lowered the number of pills containing oxycodone he prescribed without adequate medical justification and added other pain relief medications because of his concern that the high numbers of pills containing oxycodone prescribed would draw law enforcement attention. Defendant BADO did not counsel the patient-customers as to the dosage levels, instructions for use, frequency and duration of use and possible side effects.

20. After obtaining the prescriptions, customers had the prescriptions filled at a pharmacy and then either sold some or all of the pills, or, ingested the pills to satisfy a drug addiction, not for pain relief.

21. Defendant JEFFREY BADO was aware of illegal drug use, addiction, and failure to use the oxycodone as prescribed but still continued to issue prescriptions for large

amounts of oxycodone to customers. Defendant BADO created what he called a “probation” for some of his customers who used illegal drugs and/or who did not use the drugs as he prescribed. Defendant BADO required more frequent visits and the payment of additional “office visit” fees; however, defendant BADO rarely ever saw customers who came for their “probationary” visits. Instead, defendant BADO tasked others, who were often unlicensed, with seeing those customers. Defendant BADO pre-wrote and pre-signed prescriptions for oxycodone pills for others to give to the “probationers.” Even where the “probationary customer” paying the extra office visit fees failed to comply with his “probationary” rules, defendant BADO frequently continued to prescribe large amounts of pills containing oxycodone. When defendant BADO discharged a patient, he continued to prescribe large amounts of controlled substances beyond that permitted by accepted medical standards, even when the customer was using illegal street drugs or tested negative for the prescribed pills.

MAINTAINING A DRUG INVOLVED PREMISES

22. From in or about February 2010 through on or about June 30, 2011, in Philadelphia, in the Eastern District of Pennsylvania, defendant

JEFFREY BADO

knowingly rented, used, and maintained a place commonly known as Dr. Jeffrey C. Bado, D.O., P.C., located at 5735 Ridge Avenue, Philadelphia, and knowingly and intentionally used and made available for use these premises for the purpose of unlawfully distributing controlled substances, including oxycodone, a Schedule II controlled substance.

In violation of Title 21, United States Code, Section 856(a)(1).

COUNT TWO

MAINTAINING A DRUG INVOLVED PREMISES

THE GRAND JURY FURTHER CHARGES THAT:

1. Paragraphs 1 through 22 of Count One of this Indictment are incorporated here.

2. From on or about June 30, 2011, through on or about January 16, 2013, in Bryn Mawr, in the Eastern District of Pennsylvania, defendant

JEFFREY BADO

knowingly rented, used, and maintained a place commonly known as Comprehensive Pain Consultants, located at 574B West Lancaster Avenue, Bryn Mawr, and knowingly and intentionally used and made available for use these premises for the purpose of unlawfully distributing controlled substances, including oxycodone, a Schedule II controlled substance.

In violation of Title 21, United States Code, Section 856(a)(1).

COUNTS THREE THROUGH TWO HUNDRED AND TWO**DISTRIBUTION OF OXYCODONE PILLS****THE GRAND JURY FURTHER CHARGES THAT:**

On or about the dates listed below, in the Eastern District of Pennsylvania,
defendant

JEFFREY BADO

knowingly and intentionally distributed and dispensed, and aided and abetted the distribution and dispensing of, outside the usual course of professional practice and not for a legitimate medical purpose, the below-noted number of pills, each pill of which is a mixture and substance containing a detectable amount of oxycodone, a Schedule II controlled substance, each distribution constituting a separate count of this indictment:

COUNT	DATE	APPROXIMATE NUMBER OF PILLS, EACH CONTAINING OXYCODONE	TO WHOM DISTRIBUTED
3	04/14/2011	360 pills each containing 30 milligrams of oxycodone	N.A.-1
4	05/18/2011	720 pills each containing 30 milligrams of oxycodone	N.A.-1
5	11/19/2012	480 pills each containing 30 milligrams of oxycodone	N.A.-1
6	07/27/2011	720 pills each containing 30 milligrams of oxycodone	N.A.-2
7	04/19/2012	180 pills each containing 30 milligrams of oxycodone	N.A.-2
8	12/19/2012	180 pills each containing 30 milligrams of oxycodone	N.A.-2
9	03/08/2010	180 pills each containing 40 milligrams of oxycodone and 120 pills each containing 5 milligrams of oxycodone	D.A.-1
10	05/03/2010	180 pills each containing 40 milligrams of oxycodone and 320 pills each containing 5 milligrams of oxycodone	D.A.-1

COUNT	DATE	APPROXIMATE NUMBER OF PILLS, EACH CONTAINING OXYCODONE	TO WHOM DISTRIBUTED
11	11/12/2010	90 pills each containing 40 milligrams of oxycodone and 160 pills each containing 5 milligrams of oxycodone	D.A.-1
12	07/24/2012	180 pills each containing 30 milligrams of oxycodone	S.B.
13	09/27/2012	180 pills each containing 30 milligrams of oxycodone and 120 pills each containing 15 milligrams of oxycodone	S.B.
14	10/25/2012	90 pills each containing 30 milligrams of oxycodone and 60 pills each containing 15 milligrams of oxycodone	S.B.
15	01/02/2013	180 pills each containing 30 milligrams of oxycodone and 120 pills each containing 15 milligrams of oxycodone	S.B.
16	07/26/2011	720 pills each containing 30 milligrams of oxycodone	K.B.
17	12/14/2011	720 pills each containing 30 milligrams of oxycodone	K.B.
18	11/06/2012	540 pills each containing 30 milligrams of oxycodone 720 pills each containing 10 milligrams of oxycodone	K.B.
19	06/10/2011	480 pills each containing 30 milligrams of oxycodone and 360 pills each containing 10 milligrams of oxycodone	C.B.
20	08/02/2012	180 pills each containing 30 milligrams of oxycodone and 180 pills each containing 10 milligrams of oxycodone	C.B.
21	11/19/2012	180 pills each containing 30 milligrams of oxycodone	C.B.
22	02/21/2012	90 pills each containing 30 milligrams of oxycodone	B.B.
23	07/18/2012	360 pills each containing 30 milligrams of oxycodone	B.B.
24	09/26/2012	180 pills each containing 30 milligrams of oxycodone	B.B.
25	01/26/2011	180 pills each containing 30 milligrams of oxycodone	K.C.
26	03/28/2012	360 pills each containing 30 milligrams of oxycodone	K.C.

COUNT	DATE	APPROXIMATE NUMBER OF PILLS, EACH CONTAINING OXYCODONE	TO WHOM DISTRIBUTED
27	09/10/2012	90 pills each containing 30 milligrams of oxycodone	K.C.
28	03/10/2011	360 pills each containing 30 milligrams of oxycodone	A.D.
29	09/22/2011	180 pills each containing 30 milligrams of oxycodone	A.D.
30	09/6/2012	180 pills each containing 30 milligrams of oxycodone	A.D.
31	04/11/2011	600 pills each containing 30 milligrams of oxycodone	E.D.
32	08/1/2011	1080 pills each containing 30 milligrams of oxycodone	E.D.
33	11/21/2012	480 pills each containing 30 milligrams of oxycodone and 480 pills each containing 10 milligrams of oxycodone	E.D.
34	04/06/2011	600 pills each containing 30 milligrams of oxycodone and 600 pills each containing 10 milligrams of oxycodone	P.G.
35	07/19/2011	600 pills each containing 30 milligrams of oxycodone and 900 pills each containing 10 milligrams of oxycodone	P.G.
36	09/10/2012	240 pills each containing 30 milligrams of oxycodone	P.G.
37	02/10/2010	60 pills each containing 80 milligrams of oxycodone and 120 pills each containing 10 milligrams of oxycodone	J.G.
38	11/23/2010	90 pills each containing 80 milligrams of oxycodone and 240 pills each containing 10 milligrams of oxycodone	J.G.
39	01/19/2011	300 pills each containing 30 milligrams of oxycodone and 120 pills each containing 10 milligrams of oxycodone	J.G.
40	11/6/2012	540 pills each containing 30 milligrams of oxycodone	J.G.
41	03/08/2012	120 pills each containing 10 milligrams of oxycodone	S.G.
42	04/16/2012	120 pills each containing 10 milligrams of oxycodone	S.G.
43	04/27/2012	240 pills each containing 10 milligrams of oxycodone	S.G.

COUNT	DATE	APPROXIMATE NUMBER OF PILLS, EACH CONTAINING OXYCODONE	TO WHOM DISTRIBUTED
44	03/29/2012	30 pills each containing 30 milligrams of oxycodone and 120 pills each containing 10 milligrams of oxycodone	E.H.-1
45	04/30/2012	30 pills each containing 30 milligrams of oxycodone and 60 pills each containing 10 milligrams of oxycodone	E.H.-1
46	11/02/2011	240 pills each containing 30 milligrams of oxycodone	P.H.
47	11/22/2011	120 pills each containing 30 milligrams of oxycodone	P.H.
48	09/26/2011	720 pills each containing 30 milligrams of oxycodone	L.H.
49	07/13/2011	360 pills each containing 30 milligrams of oxycodone and 240 pills each containing 10 milligrams of oxycodone	O.H.
50	09/07/2011	180 pills each containing 30 milligrams of oxycodone and 120 pills each containing 10 milligrams of oxycodone	O.H.
51	02/12/2010	100 pills each containing 10 milligrams of oxycodone	E.H.-2
52	11/16/2011	120 pills each containing 30 milligrams of oxycodone	E.H.-2
53	07/26/2012	180 pills each containing 30 milligrams oxycodone	E.H.-2
54	03/16/2011	720 pills each containing 30 milligrams of oxycodone	M.H.
55	08/02/2011	800 pills each containing 30 milligrams of oxycodone	M.H.
56	07/25/2012	90 pills each containing 30 milligrams of oxycodone and 60 pills each containing 10 milligrams of oxycodone	M.H.
57	04/14/2011	240 pills each containing 30 milligrams of oxycodone and 240 pills each containing 10 milligrams of oxycodone	E.H.-3
58	08/17/2011	1080 pills each containing 30 milligrams of oxycodone and 1080 pills each containing 10 milligrams of oxycodone	E.H.-3
59	11/29/2012	480 pills each containing 30 milligrams of oxycodone and 480 pills each containing 10 milligrams of oxycodone	E.H.-3

COUNT	DATE	APPROXIMATE NUMBER OF PILLS, EACH CONTAINING OXYCODONE	TO WHOM DISTRIBUTED
60	02/14/2011	300 pills each containing 30 milligrams of oxycodone	A.H.
61	09/06/2011	300 pills each containing 30 milligrams of oxycodone	A.H.
62	07/16/2012	90 pills each containing 30 milligrams of oxycodone	A.H.
63	02/09/2010	120 pills each containing 40 milligrams of oxycodone and 480 pills each containing 10 milligrams of oxycodone	D.H.
64	02/09/2011	240 pills each containing 30 milligrams of oxycodone and 480 pills each containing 10 milligrams of oxycodone	D.H.
65	01/05/2012	150 pills each containing 30 milligrams of oxycodone	D.H.
66	03/17/2010	240 pills each containing 10 milligrams of oxycodone	K.H.
67	01/12/2012	210 pills each containing 10 milligrams of oxycodone	K.H.
68	02/08/2012	210 pills each containing 10 milligrams of oxycodone	K.H.
69	02/14/2011	240 pills each containing 30 milligrams of oxycodone and 240 pills each containing 10 milligrams of oxycodone	T.H.
70	09/06/2011	720 pills each containing 30 milligrams of oxycodone and 480 pills each containing 10 milligrams of oxycodone	T.H.
71	01/02/2013	120 pills each containing 30 milligrams of oxycodone and 120 pills each containing 10 milligrams of oxycodone	T.H.
72	10/04/2011	180 pills each containing 30 milligrams of oxycodone	K.I.
73	03/28/2012	480 pills each containing 30 milligrams of oxycodone	K.I.
74	06/01/2012	240 pills each containing 30 milligrams of oxycodone	K.I.
75	04/28/2011	240 pills each containing 30 milligrams of oxycodone	B.J.-1
76	05/25/2011	960 pills each containing 30 milligrams of oxycodone	B.J.-1

COUNT	DATE	APPROXIMATE NUMBER OF PILLS, EACH CONTAINING OXYCODONE	TO WHOM DISTRIBUTED
77	10/16/2012	480 pills each containing 30 milligrams of oxycodone	B.J.-1
78	03/23/2011	480 pills each containing 30 milligrams of oxycodone	S.J.
79	05/18/2011	360 pills each containing 30 milligrams of oxycodone	S.J.
80	06/14/2011	360 pills each containing 30 milligrams of oxycodone	S.J.
81	07/09/2011	360 pills each containing 30 milligrams of oxycodone	S.J.
82	07/21/2011	150 pills each containing 30 milligrams of oxycodone	S.J.
83	05/03/2011	775 pills each containing 30 milligrams of oxycodone	T.J.
84	06/23/2011	775 pills each containing 30 milligrams of oxycodone	T.J.
85	06/02/2011	180 pills each containing 30 milligrams of oxycodone	B.J.-2
86	07/29/2011	360 pills each containing 30 milligrams of oxycodone	B.J.-2
87	11/01/2011	90 pills each containing 30 milligrams of oxycodone	B.J.-2
88	04/05/2011	240 pills each containing 30 milligrams of oxycodone	K.J.
89	05/09/2011	300 pills each containing 30 milligrams of oxycodone and 300 pills each containing 10 milligrams of oxycodone	N.J.
90	07/11/2011	480 pills each containing 30 milligrams of oxycodone and 480 pills each containing 10 milligrams of oxycodone	N.J.
91	01/17/2012	240 pills each containing 30 milligrams of oxycodone and 240 pills each containing 10 milligrams of oxycodone	N.J.
92	07/13/2011	720 pills each containing 30 milligrams of oxycodone	J.K.-1
93	04/11/2012	360 pills each containing 30 milligrams of oxycodone	J.K.-1
94	01/13/2011	600 pills each containing 30 milligrams of oxycodone	J.K.-2

COUNT	DATE	APPROXIMATE NUMBER OF PILLS, EACH CONTAINING OXYCODONE	TO WHOM DISTRIBUTED
95	10/05/2010	120 pills each containing 30 milligrams of oxycodone and 180 pills each containing 10 milligrams of oxycodone	M.L.
96	02/21/2011	240 pills each containing 30 milligrams of oxycodone and 180 pills each containing 10 milligrams of oxycodone	M.L.
97	11/03/2011	300 pills each containing 30 milligrams of oxycodone and 180 pills each containing 10 milligrams of oxycodone	M.L.
98	03/09/2012	300 pills each containing 30 milligrams of oxycodone	M.L.
99	11/19/2012	150 pills each containing 30 milligrams of oxycodone and 240 pills each containing 15 milligrams of oxycodone	M.L.
100	12/30/2012	300 pills each containing 30 milligrams of oxycodone	M.L.
101	02/07/2011	220 pills each containing 30 milligrams of oxycodone and 180 pills each containing 10 milligrams of oxycodone	P.L.
102	03/17/2011	440 pills each containing 30 milligrams of oxycodone and 360 pills each containing 10 milligrams of oxycodone	P.L.
103	09/29/2011	220 pills each containing 30 milligrams of oxycodone	P.L.
104	02/28/2011	120 pills each containing 10 milligrams of oxycodone	V.L.
105	02/10/2012	480 pills each containing 30 milligrams of oxycodone and 360 pills each containing 10 milligrams of oxycodone	V.L.
106	07/25/2012	240 pills each containing 30 milligrams of oxycodone	V.L.
107	10/15/2010	90 pills each containing 80 milligrams of oxycodone and 120 pills each containing 15 milligrams of oxycodone	S.M.
108	11/12/2010	240 pills each containing 30 milligrams of oxycodone	S.M.
109	07/20/2012	480 pills each containing 30 milligrams of oxycodone	S.M.
110	12/7/2012	240 pills each containing 30 milligrams of oxycodone	S.M.

COUNT	DATE	APPROXIMATE NUMBER OF PILLS, EACH CONTAINING OXYCODONE	TO WHOM DISTRIBUTED
111	06/24/2010	90 pills each containing 80 milligrams of oxycodone and 180 pills each containing 30 milligrams of oxycodone	E.M.
112	08/29/2012	360 pills each containing 30 milligrams of oxycodone	E.M.
113	12/19/2012	240 pills each containing 30 milligrams of oxycodone	E.M.
114	07/19/2010	90 pills each containing 80 milligrams of oxycodone and 90 pills each containing 40 milligrams of oxycodone	A.M.-1
115	10/13/2010	120 pills each containing 30 milligrams of oxycodone	A.M.-1
116	03/21/2011	120 pills each containing 30 milligrams of oxycodone	A.M.-1
117	08/06/2012	240 pills each containing 30 milligrams of oxycodone and 120 pills each containing 15 milligrams of oxycodone	R.M.
118	10/03/2012	120 pills each containing 30 milligrams of oxycodone and 60 pills each containing 15 milligrams of oxycodone	R.M.
119	11/13/2012	240 pills each containing 30 milligrams of oxycodone and 120 pills each containing 15 milligrams of oxycodone	R.M.
120	03/19/2010	120 pills each containing 80 milligrams of oxycodone and 120 pills each containing 30 milligrams of oxycodone	D.M.
121	01/28/2011	300 pills each containing 30 milligrams of oxycodone	D.M.
122	07/01/2011	360 pills each containing 30 milligrams of oxycodone	D.M.
123	03/15/2010	720 pills each containing 5 milligrams of oxycodone	F.M.
124	06/22/2011	480 pills each containing 5 milligrams of oxycodone	F.M.
125	11/26/2012	480 pills each containing 5 milligrams of oxycodone	F.M.
126	02/16/2010	90 pills each containing 80 milligrams of oxycodone and 120 pills each containing 10 milligrams of oxycodone	A.M.-2

COUNT	DATE	APPROXIMATE NUMBER OF PILLS, EACH CONTAINING OXYCODONE	TO WHOM DISTRIBUTED
127	11/23/2010	120 pills each containing 80 milligrams of oxycodone and 240 pills each containing 10 milligrams of oxycodone	A.M.-2
128	01/19/2011	360 pills each containing 30 milligrams of oxycodone and 120 pills each containing 10 milligrams of oxycodone	A.M.-2
129	11/06/2012	540 pills each containing 30 milligrams of oxycodone	A.M.-2
130	11/16/2011	600 pills each containing 30 milligrams of oxycodone	A.R.-1
131	08/02/2012	360 pills each containing 30 milligrams of oxycodone	A.R.-1
132	11/27/2012	360 pills each containing 30 milligrams of oxycodone	A.R.-1
133	04/19/2011	120 pills each containing 30 milligrams of oxycodone	A.R.-2
134	05/20/2011	240 pills each containing 30 milligrams of oxycodone	A.R.-2
135	07/14/2011	240 pills each containing 30 milligrams of oxycodone	A.R.-2
136	12/09/2010	120 pills each containing 10 milligrams of oxycodone	K.R.
137	06/28/2011	360 pills each containing 30 milligrams of oxycodone	K.R.
138	01/26/2012	720 pills each containing 30 milligrams of oxycodone and 360 pills each containing 10 milligrams of oxycodone	K.R.
139	03/21/2012	360 pills each containing 30 milligrams of oxycodone and 180 pills each containing 10 milligrams of oxycodone	K.R.
140	09/28/2012	360 pills each containing 30 milligrams of oxycodone	K.R.
141	01/08/2013	300 pills each containing 30 milligrams of oxycodone	K.R.
142	02/08/2011	240 pills each containing 30 milligrams of oxycodone and 240 pills each containing 10 milligrams of oxycodone	B.R.
143	10/03/2011	120 pills each containing 30 milligrams of oxycodone and 120 pills each containing 10 milligrams of oxycodone	B.R.

COUNT	DATE	APPROXIMATE NUMBER OF PILLS, EACH CONTAINING OXYCODONE	TO WHOM DISTRIBUTED
144	11/07/2012	360 pills each containing 30 milligrams of oxycodone and 720 pills each containing 10 milligrams of oxycodone	B.R.
145	03/26/2012	180 pills each containing 30 milligrams of oxycodone and 180 pills each containing 10 milligrams of oxycodone	E.R.
146	08/09/2012	480 pills each containing 30 milligrams of oxycodone and 360 pills each containing 10 milligrams of oxycodone	E.R.
147	11/29/2012	480 pills each containing 30 milligrams of oxycodone and 360 pills each containing 10 milligrams of oxycodone	E.R.
148	02/03/2011	240 pills each containing 30 milligrams of oxycodone and 240 pills each containing 10 milligrams of oxycodone	I.R.
149	05/23/2011	480 pills each containing 30 milligrams of oxycodone and 480 pills each containing 10 milligrams of oxycodone	I.R.
150	10/04/2011	120 pills each containing 30 milligrams of oxycodone and 120 pills each containing 10 milligrams of oxycodone	I.R.
151	01/20/2011	480 pills each containing 30 milligrams of oxycodone and 240 pills each containing 10 milligrams of oxycodone	B.S.
152	09/08/2011	480 pills each containing 30 milligrams of oxycodone and 480 pills each containing 10 milligrams of oxycodone	B.S.
153	06/07/2012	480 pills each containing 30 milligrams of oxycodone and 480 pills each containing 10 milligrams of oxycodone	B.S.
154	04/24/2010	240 pills each containing 10 milligrams of oxycodone	N.S.
155	05/16/2011	180 pills each containing 30 milligrams of oxycodone	N.S.
156	03/13/2012	240 pills each containing 30 milligrams of oxycodone and 240 pills each containing 10 milligrams of oxycodone	N.S.
157	08/29/2012	1080 pills each containing 30 milligrams of oxycodone and 720 pills each containing 10 milligrams of oxycodone	N.S.

COUNT	DATE	APPROXIMATE NUMBER OF PILLS, EACH CONTAINING OXYCODONE	TO WHOM DISTRIBUTED
158	11/15/2012	720 pills each containing 30 milligrams of oxycodone and 240 pills each containing 10 milligrams of oxycodone	N.S.
159	01/07/2013	60 pills each containing 30 milligrams of oxycodone and 30 pills each containing 10 milligrams of oxycodone	N.S.
160	06/23/2010	120 pills each containing 80 milligrams of oxycodone and 240 pills each containing 10 milligrams of oxycodone	D.S.
161	09/30/2010	150 pills each containing 30 milligrams of oxycodone	D.S.
162	01/27/2011	150 pills each containing 30 milligrams of oxycodone	D.S.
163	02/11/2011	200 pills each containing 30 milligrams of oxycodone	D.S.
164	11/01/2012	180 pills each containing 30 milligrams of oxycodone	D.S.
165	12/20/2012	180 pills each containing 30 milligrams of oxycodone	D.S.
166	01/23/2012	120 pills each containing 30 milligrams of oxycodone	M.T.
167	09/13/2012	180 pills each containing 30 milligrams of oxycodone	M.T.
168	12/06/2012	360 pills each containing 30 milligrams of oxycodone	M.T.
169	02/22/2011	360 pills each containing 30 milligrams of oxycodone	J.V.-1
170	03/24/2011	900 pills each containing 30 milligrams of oxycodone	J.V.-1
171	05/24/2011	225 pills each containing 30 milligrams of oxycodone	J.V.-1
172	11/09/2012	540 pills each containing 30 milligrams of oxycodone	J.V.-1
173	10/22/2012	180 pills each containing 30 milligrams of oxycodone	J.V.-2
174	11/19/2012	360 pills each containing 30 milligrams of oxycodone	J.V.-2
175	09/23/2010	30 pills each containing 80 milligrams of oxycodone and 300 pills each containing 30 milligrams of oxycodone	H.W.

COUNT	DATE	APPROXIMATE NUMBER OF PILLS, EACH CONTAINING OXYCODONE	TO WHOM DISTRIBUTED
176	10/21/2010	30 pills each containing 80 milligrams of oxycodone and 300 pills each containing 30 milligrams of oxycodone	H.W.
177	11/18/2010	400 pills each containing 30 milligrams of oxycodone	H.W.
178	01/13/2011	800 pills each containing 30 milligrams of oxycodone	H.W.
179	02/22/2012	180 pills each containing 30 milligrams of oxycodone and 200 pills each containing 10 milligrams of oxycodone	W.W.
180	07/26/2012	90 pills each containing 30 milligrams of oxycodone and 100 pills each containing 10 milligrams of oxycodone	W.W.
181	03/02/2011	240 pills each containing 10 milligrams of oxycodone	R.W.-1
182	03/30/2011	720 pills each containing 30 milligrams of oxycodone and 480 pills each containing 10 milligrams of oxycodone	R.W.-1
183	07/27/2011	360 pills each containing 30 milligrams of oxycodone	R.W.-1
184	12/20/2011	180 pills each containing 30 milligrams of oxycodone and 120 pills each containing 10 milligrams of oxycodone	R.W.-1
185	01/05/2011	240 pills each containing 30 milligrams of oxycodone and 240 pills each containing 10 milligrams of oxycodone	T.W.
186	02/09/2011	360 pills each containing 30 milligrams of oxycodone and 240 pills each containing 10 milligrams of oxycodone	T.W.
187	06/15/2011	480 pills each containing 10 milligrams of oxycodone	T.W.
188	09/08/2011	360 pills each containing 30 milligrams of oxycodone	D.W.
189	10/05/2011	180 pills each containing 30 milligrams of oxycodone	D.W.
190	02/22/2012	180 pills each containing 15 milligrams of oxycodone	V.W.
191	07/12/2011	720 pills each containing 30 milligrams of oxycodone	E.W.

COUNT	DATE	APPROXIMATE NUMBER OF PILLS, EACH CONTAINING OXYCODONE	TO WHOM DISTRIBUTED
192	09/06/2011	720 pills each containing 30 milligrams of oxycodone	E.W.
193	10/26/2012	240 pills each containing 30 milligrams of oxycodone	R.W.-2
194	11/27/2012	120 pills each containing 30 milligrams of oxycodone	R.W.-2
195	08/29/2012	180 pills each containing 30 milligrams of oxycodone	R.W.-3
196	10/10/2012	100 pills each containing 30 milligrams of oxycodone	R.W.-3
197	10/16/2012	80 pills each containing 30 milligrams of oxycodone	R.W.-3
198	07/12/2010	90 pills each containing 60 milligrams of oxycodone and 120 pills each containing 10 milligrams of oxycodone	C.Y.
199	11/18/2010	240 pills each containing 30 milligrams of oxycodone and 120 pills each containing 10 milligrams of oxycodone	C.Y.
200	06/14/2012	180 pills each containing 30 milligrams of oxycodone and 60 pills each containing 10 milligrams of oxycodone	C.Y.
201	06/19/2012	180 pills each containing 30 milligrams of oxycodone	C.Y.
202	07/16/2012	360 pills each containing 30 milligrams of oxycodone and 120 pills each containing 10 milligrams of oxycodone	C.Y.

All in violation of Title 21, United States Code, Sections 841(a)(1), (b)(1)(C), and
Title 18, United States Code, Section 2.

**COUNTS TWO HUNDRED AND THREE THROUGH
TWO HUNDRED AND THIRTY-FIVE**

HEALTH CARE FRAUD

THE GRAND JURY FURTHER CHARGES THAT:

BACKGROUND

1. Paragraphs 1 through 4 of Count One of this indictment are incorporated here.

THE SCHEME TO DEFRAUD

2. From on or about February 12, 2010, to in or about June 2010, defendant

JEFFREY BADO

knowingly and willfully executed, and attempted to execute, a scheme or artifice to defraud health care benefit programs, including those listed below, and to obtain, by means of false and fraudulent pretenses, representations and promises, money and property owned by, or under the custody or control of each of those health care benefit programs by submitting false and fraudulent claims for reimbursement.

MANNER AND MEANS

It was part of the scheme that:

3. Defendant JEFFREY BADO elected to travel to Haiti from February 13, 2010, to February 20, 2010. In advance of his trip, defendant BADO directed his employees to bring to his office the charts of patient-customers who were scheduled for office visits during that upcoming week, at 5735 Ridge Avenue, Philadelphia, Pennsylvania, located on the grounds of Roxborough Hospital.

4. After the charts for the upcoming week of February 14, 2010 had been collected, defendant JEFFREY BADO made notations in the charts falsely indicating that he had personally seen and evaluated the patient-customers and directing what prescriptions were to be provided to the customers who would be seen at his office during that upcoming week. Defendant BADO signed the patient charts and signed the prescriptions for the patients he had not seen and who were scheduled for the upcoming week.

5. In anticipation of his absence, defendant JEFFREY BADO did not reschedule patients. Defendant BADO did not have a qualified physician to supervise his residents and cover his practice in his absence. Defendant BADO instructed residents, nurses, and other staff to see the patients for the week and to give them the pre-written and pre-signed prescriptions.

6. Defendant JEFFREY BADO falsely told residents, nurses, and other staff that he had obtained approval from doctors at the supervising hospital, Roxborough Hospital, for coverage in his absence.

7. Defendant JEFFREY BADO instructed support staff to continue to run the office as usual while he was out of the country the week of February 14, 2010.

8. Defendant JEFFREY BADO caused false claims to be submitted to health care benefit programs with false charges for services purportedly rendered by him to patient-customers seen in his absence by unsupervised resident and other non-physicians and whom defendant BADO did not personally see or evaluate. In fact, those patient-customers were not seen by a fully licensed doctor but instead were seen, at the direction of defendant BADO, by residents and other non-physicians who were neither supervised by defendant BADO nor supervised by any other fully licensed physician. Defendant BADO caused to be submitted

claims for payment to Medicare, private insurance companies and health care benefit plans and contracts. The private health insurance companies, plans and contracts included Aetna, Inc. ("Aetna") and Independence Blue Cross ("IBC"). Medicare and each of the private health insurance companies, plans and contracts were health care benefit programs as defined in 18 U.S.C. § 24(b), that is, they were public and private plans and contracts, affecting commerce, under which medical benefits, items, and services were provided to eligible individuals.

9. Based on the fraudulent claims that defendant JEFFREY BADO caused to be submitted to health care benefit programs, the health care benefit programs made payments to defendant BADO for medical services that neither defendant BADO nor any other licensed physician had provided, while defendant BADO was not in his office and in fact was outside of the United States.

10. On or about each of the dates listed below, in Philadelphia, in the Eastern District of Pennsylvania and elsewhere, defendant

JEFFREY BADO

knowingly and willfully executed a scheme and artifice to defraud each of the health care benefit programs listed below, and to obtain money and property owned by and under the custody and control of that health care benefit program by means of false and fraudulent pretenses, representations, and promises, in connection with the delivery of and payment for health care benefits, items and services, by submitting and causing to be submitted fraudulent health care insurance claims for services purportedly provided to each of the individuals listed below (each claim constituting a separate count of this indictment):

COUNT	PATIENT AND APPROXIMATE VISIT DATE	APPROXIMATE DATE OF CLAIM	HEALTH CARE BENEFIT PROGRAM	APPROXIMATE AMOUNT BILLED
203	K.L. 2/15/2010	3/5/2010	IBC	\$150
204	J.M. 2/15/2010	3/5/2010	IBC	\$150
205	E.B. 2/15/2010	2/17/2010	IBC	\$150
206	M.M. 2/15/2010	2/17/2010	IBC	\$150
207	M.P. 2/15/2010	3/11/2010	IBC	\$150
208	R.R. 2/15/2010	3/5/2010	IBC	\$150
209	C.C. 2/15/2010	2/17/2010	IBC	\$100
210	S.T. 2/15/2010	2/16/2010	Medicare	\$150
211	D.W. 2/15/2010	2/16/2010	Medicare	\$150
212	E.B. 2/16/2010	2/17/2010	IBC	\$150
213	J.R. 2/16/2010	2/17/2010	IBC	\$250
214	R.B. 2/16/2010	2/17/2010	IBC	\$150
215	S.B. 2/16/2010	2/17/2010	IBC	\$150
216	E.S. 2/16/2010	2/17/2010	IBC	\$150
217	S.H. 2/16/2010	2/17/2010	IBC	\$150
218	D.H. 2/16/2010	2/17/2010	Medicare	\$150

COUNT	PATIENT AND APPROXIMATE VISIT DATE	APPROXIMATE DATE OF CLAIM	HEALTH CARE BENEFIT PROGRAM	APPROXIMATE AMOUNT BILLED
219	R.M. 2/16/2010	2/17/2010	Medicare	\$150
220	T.M. 2/16/2010	2/17/2010	Medicare	\$150
221	V.D. 2/17/2010	2/18/2010	IBC	\$150
222	K.F. 2/17/2010	2/18/2010	IBC	\$150
223	A.C. 2/17/2010	2/18/2010	Medicare	\$150
224	R.C. 2/17/2010	2/18/2010	Medicare	\$150
225	D.W. 2/18/2010	2/19/2010	IBC	\$150
226	G.W. 2/18/2010	2/19/2010	IBC	\$150
227	J.F. 2/18/2010	2/19/2010	IBC	\$150
228	W.M. 2/18/2010	3/12/2010	IBC	\$150
229	M.S. 2/18/2010	2/19/2010	Aetna	\$150
230	S.F. 2/18/2010	6/14/2010	Aetna	\$150
231	E.M. 2/18/2010	2/19/2010	Medicare	\$150
232	E.S. 2/18/2010	2/19/2010	Medicare	\$150
233	W.D. Sr. 2/18/2010	2/19/2010	Medicare	\$150
234	W.D. 2/18/2010	2/19/2010	Medicare	\$150

COUNT	PATIENT AND APPROXIMATE VISIT DATE	APPROXIMATE DATE OF CLAIM	HEALTH CARE BENEFIT PROGRAM	APPROXIMATE AMOUNT BILLED
235	C.J. 2/18/2010	3/10/2010	Medicare	\$150

All in violation of Title 18, United States Code, Sections 1347 and 2.

COUNT TWO HUNDRED AND THIRTY-SIX

FALSE STATEMENT

THE GRAND JURY FURTHER CHARGES THAT:

1. Paragraphs 1 through 4 of Count One and Paragraphs 1 through 10 of Counts Two Hundred and Three through Count Two Hundred Thirty-Five (Health Care Fraud) of the indictment are incorporated here.

2. On or about January 16, 2013, in Bryn Mawr, in the Eastern District of Pennsylvania, defendant

JEFFREY BADO,

in a matter within the jurisdiction of the Federal Bureau of Investigation (“FBI”), an agency of the executive branch of the United States, knowingly and willfully made a materially false, fictitious and fraudulent statement, in that defendant JEFFREY BADO told FBI agents that he had sought and received approval from Doctor K. V., Dean of Medicine with Philadelphia College of Osteopathic Medicine (“PCOM”), to use PCOM residents to staff his private medical practice while he was in Haiti in February 2010, when, as the defendant then knew, he had never sought and had never received permission to do so.

In violation of Title 18, United States Code, Section 1001(a)(2).

COUNT TWO HUNDRED AND THIRTY-SEVEN

FALSE STATEMENT

THE GRAND JURY FURTHER CHARGES THAT:

1. Paragraphs 1 through 4 of Count One and Paragraphs 1 through 10 of Counts Two Hundred and Three through Count Two Hundred Thirty-Five (Health Care Fraud) of the indictment are incorporated here.

2. On or about January 16, 2013, in Bryn Mawr, in the Eastern District of Pennsylvania, defendant

JEFFREY BADO,

in a matter within the jurisdiction of the Federal Bureau of Investigation (“FBI”), an agency of the executive branch of the United States, knowingly and willfully made a materially false, fictitious and fraudulent statement, in that defendant JEFFREY BADO told FBI agents that, concerning the patients for whom he had pre-written prescriptions for the week he was to be in Haiti, that he had seen those patients in the seventy-two hours before he wrote the prescriptions, when, as the defendant well knew, he had not seen those patients in the seventy-two hours before he wrote the prescriptions.

In violation of Title 18, United States Code, Section 1001(a)(2).

COUNT TWO HUNDRED AND THIRTY-EIGHT

FALSE STATEMENT

THE GRAND JURY FURTHER CHARGES THAT:

1. Paragraphs 1 through 4 of Count One and Paragraphs 1 through 10 of Counts Two Hundred and Three through Count Two Hundred Thirty-Five (Health Care Fraud) of the indictment are incorporated here.

2. On or about January 16, 2013, in Bryn Mawr, in the Eastern District of Pennsylvania, defendant

JEFFREY BADO,

in a matter within the jurisdiction of the Federal Bureau of Investigation (“FBI”), an agency of the executive branch of the United States, knowingly and willfully made a materially false, fictitious and fraudulent statement, in that defendant JEFFREY BADO told FBI agents that he had not filled out in advance any medical records for patients who were to be seen at his medical practice while he was to be in Haiti, when, as the defendant well knew, he did fill out in advance medical records for the upcoming week, signing his name on each chart as if he were present at that next patient visit.

In violation of Title 18, United States Code, Section 1001(a)(2).

COUNT TWO HUNDRED AND THIRTY-NINE

FALSE STATEMENT

THE GRAND JURY FURTHER CHARGES THAT:

1. Paragraphs 1 through 4 of Count One and Paragraphs 1 through 10 of Counts Two Hundred and Three through Count Two Hundred Thirty-Five (Health Care Fraud) of the indictment are incorporated here.

2. On or about January 16, 2013, in Bryn Mawr, in the Eastern District of Pennsylvania, defendant

JEFFREY BADO,

in a matter within the jurisdiction of the Federal Bureau of Investigation (“FBI”), an agency of the executive branch of the United States, knowingly and willfully made a materially false, fictitious and fraudulent statement, in that defendant JEFFREY BADO told FBI agents that the supervising physicians for the medical residents he directed to see his patients while he was in Haiti were Doctor M.V., Chief of Medicine at Philadelphia College of Osteopathic Medicine (“PCOM”) and Doctor P.L., Head of the Internship Program at PCOM, when, as the defendant well knew, those two doctors were not supervising physicians for these residents when the residents saw defendant BADO’s private medical practice patients, and, in fact, defendant BADO had not even told Doctors M.V. or P.L. that the residents were serving as physicians in defendant BADO’s practice while BADO was to be out of the country, or even that defendant BADO would be out of the country.

In violation of Title 18, United States Code, Section 1001(a)(2).

NOTICE OF FORFEITURE

THE GRAND JURY FURTHER CHARGES THAT:

1. As a result of the violations of Title 21, United States Code, Section 841(a)(1) set forth in this Indictment, defendant

JEFFREY BADO

shall forfeit to the United States of America:

(a) any property used or intended to be used, in any manner or part, to commit, or to facilitate the commission of, such offenses;

(b) any property constituting, or derived from, proceeds obtained directly or indirectly from the commission of such offenses, including, but not limited to:

I. A sum of money equal to at least \$2,000,000 in United States currency, representing the amount of proceeds obtained as a result of the violations of the Controlled Substances Act, for which the defendant is liable;

2. If any of the property subject to forfeiture, as a result of any act or omission of the defendant(s):

(a) cannot be located upon the exercise of due diligence;

(b) has been transferred or sold to, or deposited with, a third party;

(c) has been placed beyond the jurisdiction of the Court;

(d) has been substantially diminished in value; or

(e) has been commingled with other property which cannot be divided without difficulty; it is the intent of the United States, pursuant to Title 21, United States Code,

Section 853(p), to seek forfeiture of any other property of the defendant(s) up to the value of the property subject to forfeiture.

All pursuant to Title 21, United States Code, Section 853.

A TRUE BILL:

GRAND JURY FOREPERSON

A handwritten signature in cursive script, appearing to read "Zane D. Memeger".

ZANE D. MEMEGER
UNITED STATES ATTORNEY